

# Integration of PMTCT into Family Planning Services: Implications

Dr Saiqa Mullick

FRONTIERS

Population Council



# Outline of presentation

- Context
- Comprehensive strategy for PMTCT
- Strengthening PMTCT through integration into FP services
  - What role can FP services play?
  - Is there a need or rationale for integration?
  - What are the implications and issues to consider?

# Global context

- Explosive HIV epidemic in Sub Saharan Africa  
25-28 million people living with HIV/AIDS  
(UNAIDS, WHO)
- 24 countries in Sub Saharan Africa are high burden countries with HIV prevalence >38%
- Roll out of Voluntary Counseling and Testing (VCT) services for HIV
- Roll out of PMTCT programs
- Roll out of ARV programs, WHO (3X5 initiative, PEPFAR)

# Global context

- MTCT is the most important source of HIV infection in children
- More than 2 million children worldwide are infected with HIV almost all through MTCT
- 700,000 newly infected in 2003 (WHO, 2004)
- Half a million deaths of children <15yrs in 2003 (UNAIDS 2004)
- Increases in infant mortality
- 90% infections in sub-Saharan Africa

# South African Context

- South Africa (National average 29.5% (range 15.4%-40.7% by province); 2004)
- 7% of South African children between 2-9 years are infected with HIV (HSRC,2004)
- Infection is a significant cause of infant morbidity and mortality
- PMTCT program has rolled out as a vertical program but uptake could be improved
- PMTCT perceived to be an antenatal and delivery issue
- CPR 55% and FP services are well utilized

# South African Context

- Policy context supports integration
- **South Africa DOH 2000-2005 Strategic Plan:**
  - ✓ Offer VCT at every contact with clients in all RH services
  - ✓ Provide counseling training for all health providers

# Comprehensive strategy for PMTCT (WHO, 2002)

- Primary prevention of HIV infection
- Preventing unintended pregnancies among HIV infected women
- Preventing HIV transmission from infected mothers to their children
- Providing care for HIV infected mothers and their infants

# 1. Primary prevention of HIV

- Information to help women make decisions which balance contraceptive protection and disease prevention
- STI detection and treatment
- Promotion of dual protection
- Introduce voluntary HIV counseling and testing
- Provision of VCT by an FP provider



# Who are FP clients?

Exit interviews and observations conducted with  
374 family planning clients

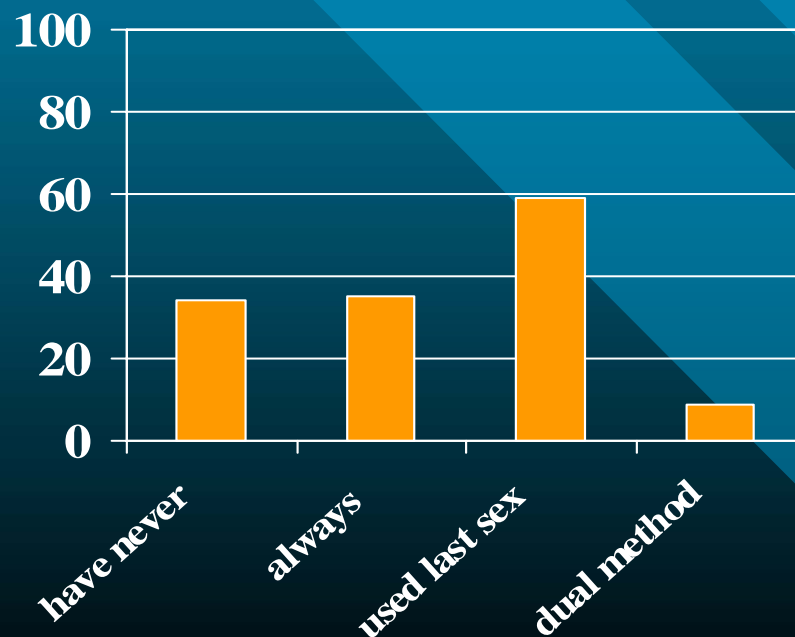
- 21 clinics in 3 districts in North West Province

## Demographics:

- Average age: 28 (range 15-48)
- Marital status:
  - 29% married
  - 67% partner
  - 4% no partner
- 83% have ever been pregnant
- Average of 2 children and 31% have a child <2yrs

# Are they at risk?

- Using almost exclusively hormonal methods: 14% pill and 85% injectables
- Multiple partners: 17% have other partners in addition to their main partner
- Condom use is variable



- 30% know their HIV status

- 35% want (more) children

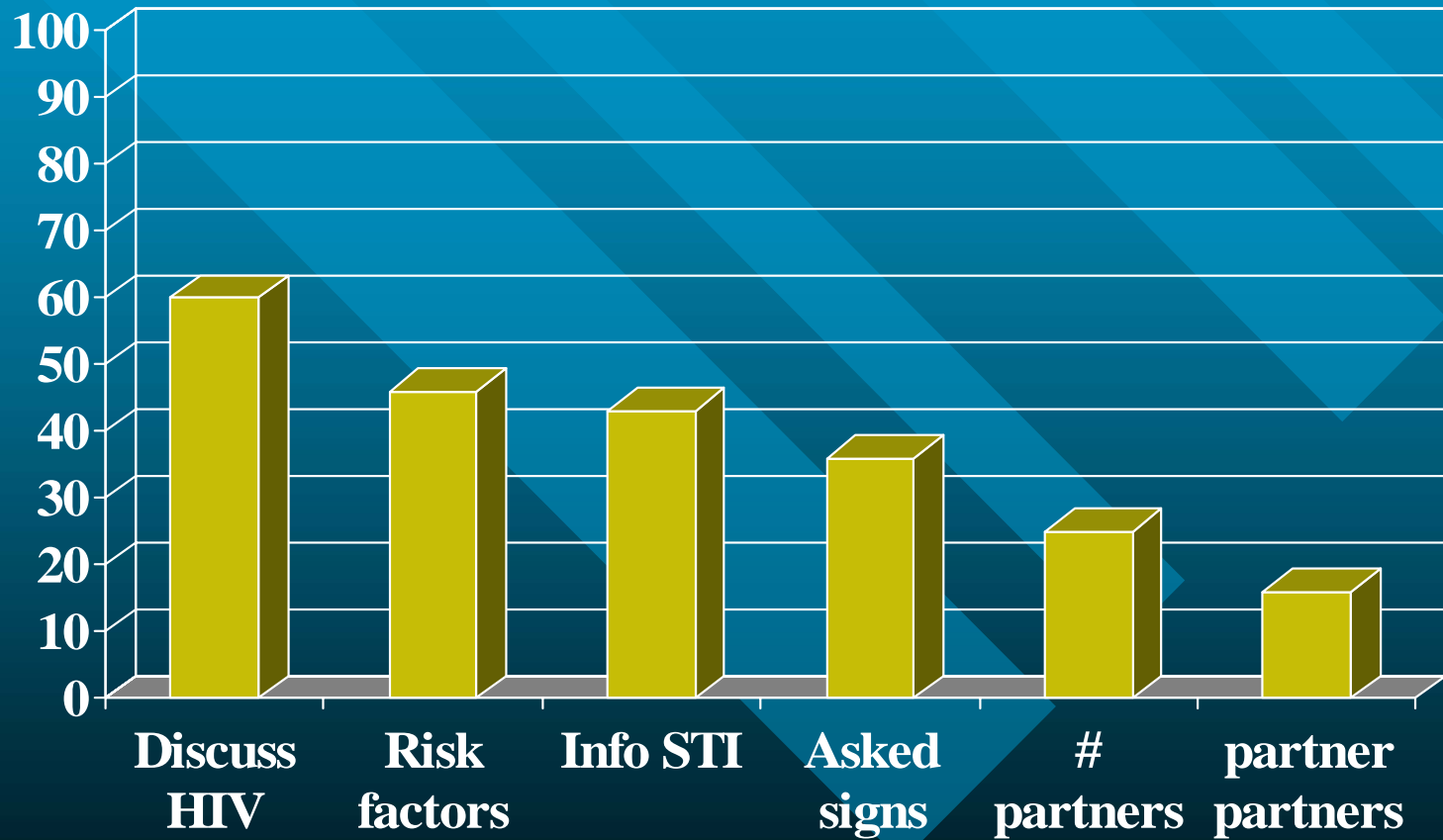
- Few perceive themselves at high risk:

- No chance: 35%

- Some chance: 39%

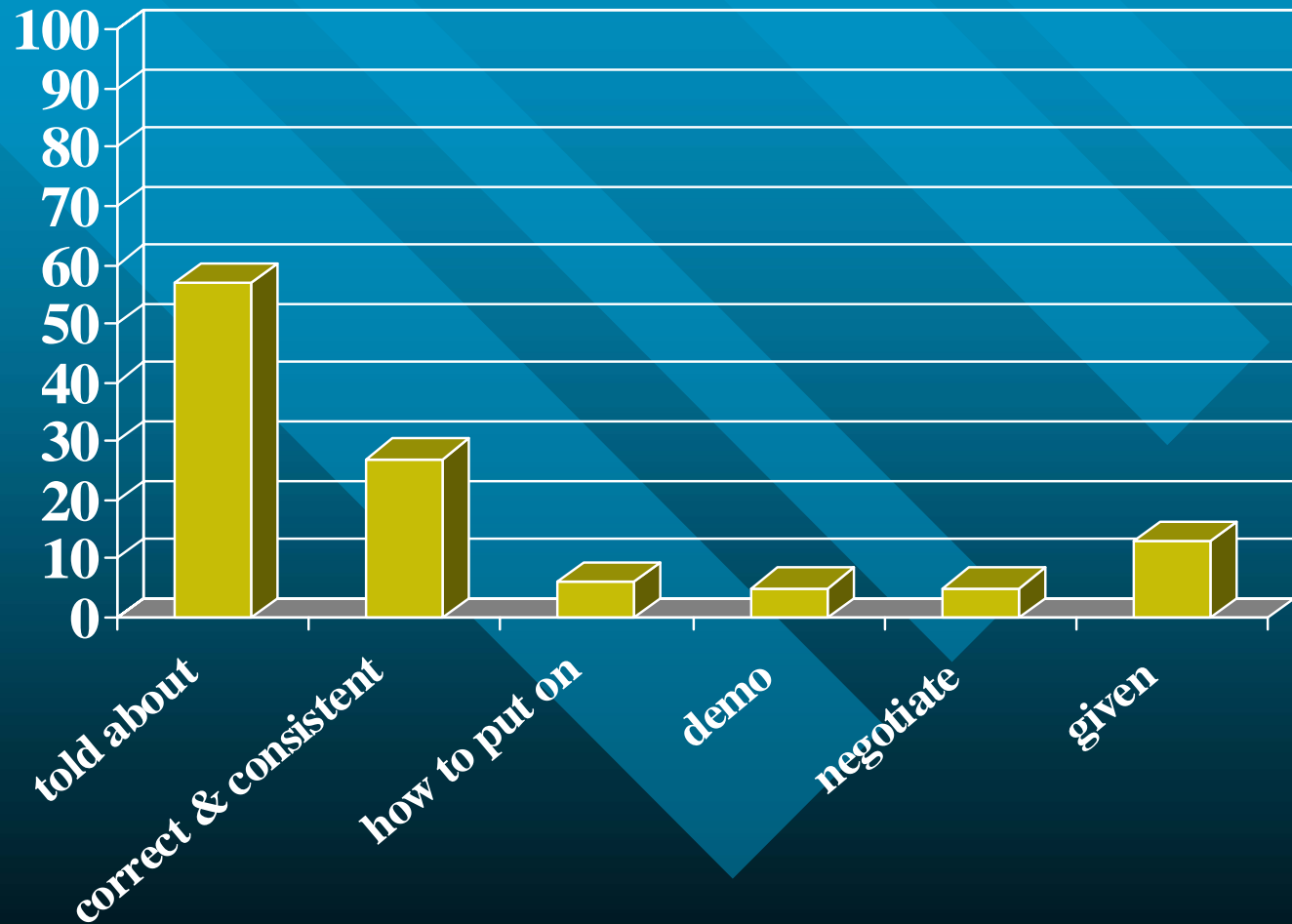
- High chance: 23%

# Is the family planning consultation a missed opportunity?



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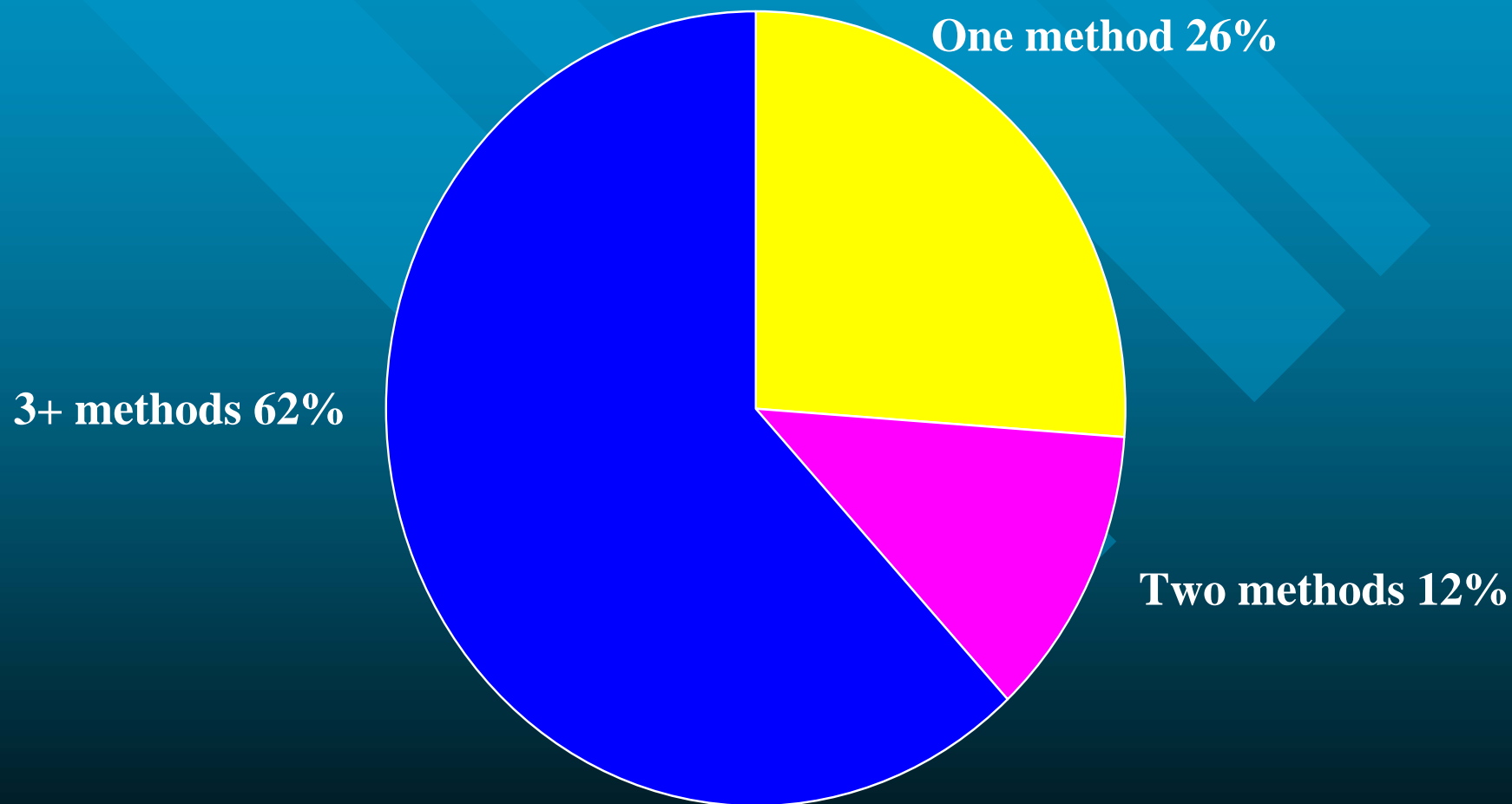
## Condoms



## 2. Preventing unwanted pregnancies

- A key objective of FP services regardless of HIV status
- Discussion of reproductive options
- Provision of appropriate contraceptive choices (short, long term and permanent)
- Emergency contraception
- Underlying principle that all women have the right to bear children regardless of HIV status

# Number of methods mentioned to FP clients



# Unwanted pregnancy and timing of next pregnancy

- Approximately half of 374 FP clients in NWP said they did not want to fall pregnant the last time they fell pregnant
- Half reported being on a contraceptive method at the time they fell pregnant
- Less than half wanted to have a child in the future
- Of these, 60% want a child more than 5 years from now
- Few FP clients are told about emergency contraception

### 3. Preventing HIV transmission from infected mothers to their children

- Identification of HIV positive women for targeted messages
- Pre pregnancy- improved health, reproductive options, information on early attendance for antenatal care, PMTCT services and infant feeding
- Post natal FP- provision of information and support on infant feeding
- Early diagnosis allows women to receive appropriate care and referral



## 4. Providing care for HIV infected mothers and their infants

- Repeat post partum FP visits may provide the opportunity for regular follow up of infected women and their infants eg reinforcing key messages, prevention, condom use, monitoring of CD4 counts, provision of prophylaxis for OI, monitoring of compliance with ARVs, infant health

There is a rationale and a need to  
integrate PMTCT strategies into  
FP services

# Questions?

- What makes sense to integrate and what level?
- What models should be considered? (setting up linkages or referral systems or providing multiple services within one program)
- What would be feasible?
- What would be acceptable?
- Would it be effective?
- Would it be cost-effective?

# African Family Planning Clinics



- Busy
- Staff shortages
- Long waits
- Not male friendly

# Issues

- Service delivery
- Programmatic
- Policy issues
- Health systems issues
- Client issues
- Rights
- Research

# Service delivery issues

- Is infrastructure, supplies and equipment at clinics suitable?
- Provider time required for providing integrated service
- Do providers spend extra time or replace FP quality of care with HIV related tasks?
- Training of providers and scope of practice
- What are the expectations of providers and do they have the right skills? (counseling and clinical care)
- How will integrated services be supervised, monitored and by whom?
- Who will deal with ongoing referral and support?

# Programmatic issues

- Implications of repeat offer of HIV related information and services to “well” clients attending regularly for services
- How often or when should a client be offered HIV information or testing? (age, regular offer, exposure)
- What is the best way in which repeat offer of these services could be addressed without being perceived as repetitive and without wasting resources?
- How best to ensure that services benefit both HIV positive and negative individuals

# Policy issues

- To what extent do policies improve access to and functioning of referral systems between FP and HIV/AIDS services?
- Do existing guidelines support integration?



# Health system

- Will the health system cope be able to accommodate an increased demand for testing, treatment and care and support ? (procurement and distribution)
- What are the systems for continuity of care across prevention, diagnosis, treatment, care and support?

# Client issues

- Will clients be willing to accept HIV related services during their FP visit and from whom?
- Will repeat offer of HIV related services result in de-stigmatization of these services or stigmatization of FP?
- Does behavior change occur and is it sustained?
- What are the psychosocial support needs of a woman who came in for a routine FP visit and leaves with an HIV positive test result?

# Rights?

- Clients have a right to receive appropriate services- is non offer of HIV information and related services such as testing a violation of rights?

# Summary

- RH context in many countries supports integration
- There is a need and rationale for integration of PMTCT strategies into FP services
- Different roles and models for integration in various settings
- There are a number of health service delivery, client and programmatic issues to address
- There is a need for more research developing innovative models and monitoring the impact of such interventions on PMTCT